

## REQUEST FOR IMPASSE DETERMINATION/ APPOINTMENT OF MEDIATOR

DO NOT WRITE IN THIS SPACE: Case No.: Date Filed

1. The employer of the employees in the established unit is an employer within the meaning of the :

INSTRUCTIONS: A request for impasse determination must be filed with the appropriate regional office (see PERB Regulation 32075). A request which is not jointly filed must be served on the other party as required by Regulation 32792(b). Proof of service must accompany the request. Attach additional sheets if more space is required.

3. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number)  () Ext  Agent to be contacted:  Title:
Agent to be contacted:
Address and telephone, if different:
()Ext
5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:
6. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED:
pener(s) in Existing Contract Effects of Layoff

Los Angeles Regional Office 3530 Wilshire Blvd., Suite 1435 Los Angeles, CA 90010-2334 (213) 736-3127 Sacramento Regional Office 1031 18<sup>th</sup> Street Sacramento, CA 95814-4174 (916) 322-3198 San Francisco Regional Office 1330 Broadway, Suite 1532 Oakland, CA 94612-2514 (510) 622-1016

9.	HISTORY OF NEGOTIATIONS/MEET AND CONFER	
	Date of first negotiations session:	
	Approximate total number of hours spent in negotiations to date:	
	Total number of negotiating sessions to date:	
10.	STATUS OF NEGOTIATIONS/MEET AND CONFER	Total number of unresolved issues which remain in dispute:
	Date impasse was declared by a party/parties pursuant to PERB Regulation 32792(a):	Issues which remain in dispute:
	Number of issues on which the parties have reached tentative agreement:	
	Issues on which tentative agreement has been reached:	
11.	STATEMENT OF FACTS	
		have occurred, including the extent to which the parties have made counter- Identify the facts which indicate that future meetings without the assistance
	DECL	ARATION
	eclare under penalty of perjury that the statements herein are true to	
NA	ME OF REQUESTING PARTY:	
SIC	GNATURE OF AUTHORIZED REPRESENTATIVE:	
Tit	le:	Date:
NA	ME OF REQUESTING PARTY:	
SIG	NATURE OF AUTHORIZED REPRESENTATIVE:	
itle	<u> </u>	Date:

PERB-1510 (02/01)